			429261
STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo		•	BEFORE THE LIC SERVICE COMMISSION OF SOUTH CAROLINA
)) TRANS	SPORTATION COVER SHEET
name consult on coops		•	~
C Lote on coops) DOCK	ET
— —		NUMBER: 2009-47-T	
APR 1 8 2011) If this is your first time filing an application with the PSC, you will not	
т,т, Q F\$//		have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned	
	1, 1, 00, 00/0	and should be en	•
(Please type or print) Submitted by:	deltal malle	Telephone:	(843) 222-0006
	will wedgewood st.	Fax:	
	107 E.	Other:	
Myrtle Reach, SC 29573 Email:			
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply)			
Application –	Class C Taxi		Request to Amend Scope of Authority
Application -	Class C Charter	الماليدنية	Request to Amend Tariff (rate increase, etc.)
Application —	Class C Charter Bus RECE!	_	Request to Amend Passenger Limit
Application -	Class C Non-Emergency APR 1 8	2011	Request
Application -	Class E Household Goods PSC S CLERK'S C	OFFICE	Exhibit
Application -	Class E Hazardous Waste		Late-Filed Exhibit
Application			Letter
Request for Ex	ctension to Comply with Order		Proposed Order
	der Granting Authority to Obtain Certificate ilence and Necessity to Be Rescinded	of \Box	Publisher's Affidavit
Request for Ca	ancellation of Certificate		Reservation Letter
Request for Su	spension		Response
	einstatement	F1	Return to Petition

Request for Name Change on Certificate

CLASS C AMENDMENT FORM File the original with: Mail or fax a copy to: Public Service Commission of South Carolina S.C. Office of Regulatory Staff Clerk's Office **Transportation Department Motor Carrier Matters** 1401 Main Street, Suite 900 RECEIVEL P.O. Box 11649 Columbia, S.C. 29201 Columbia, S.C. 29211 (803) 737-0578 (803) 896 - 5100 FAX (803) 737-0815 FAX (803) 896-5199 DATE: 4/18/11 I have the following Certificate: Class C Taxi # 810+ Class C Charter # Class C Charter Bus # Class C Non-Emergency #__ Please consider this as my request for the following amendment(s) to my Certificate: Name Change From: Sokol Malla DBA: Citi AT The Beach Taxi (Current Name) (Current DBA if applicable) (New Name) DBA: Citizen Taxi (New DBA if applicable) Scope of Authority From: _____ To:___ (Current Scope) (New Scope) Passenger Limit _____ To:___ (Current Limit Number) (New Limit Number) soxol molla Stopi Citizen Taxi Lo310 wedgewood St., Apt E. (Street and/or Mailing Address) Name & DBA if DBA is applicable)

(Telephone Number)

Revised 3-2-10

(Title) Owner, President, etc.